

Kentucky Vaccines for Children Program Vaccine Order and Eligibility Worksheet Hospitals

VFC PIN	Provider Name
Address _____ City _____	
Phone () _____ ext. _____ County _____	
Report Completed By	Start to End Date _____ to _____

VACCINES*		Doses Requested	Previous Physical Inventory (Start Date)	Inventory Received	Doses Administered	Current Physical Inventory (End Date)
HBIG						
HEP B	HEP B PF – ENGERIX vials (GSK)					
	HEP B PF SYRINGES– ENGERIX (GlaxoSmithKline)					
	HEP B PF – RECOMBIVAX (Merck)					

*The VFC Program will try to honor requests for specific brands of these items, however, you may receive an alternate brand due to product availability. If you prefer to receive one specific brand, regardless of availability, please indicate by writing **“Do Not Substitute”** next to that particular vaccine.

The following chart should reflect the number of children you have vaccinated within the time period indicated by the start and end dates listed above. This information can be transferred directly from your activity worksheet.
YOU MUST COMPLETE THIS SECTION TO PROCESS YOUR ORDER.

VFC ELIGIBILITY	<1 Year
MEDICAID (PASSPORT INCLUDED)	
NO INSURANCE (UNINSURED)	
INSURANCE THAT DOES NOT PAY FOR IMMUNIZATIONS (UNDERINSURED)	
AMERICAN INDIAN	
ALASKAN NATIVE	
KCHIP	
OTHER	